

**INITIATIVE PETITION
TO THE SECRETARY OF STATE,
STATE OF NORTH DAKOTA**

RECEIVED

OCT 20 2009

SEC. OF STATE

We, the undersigned, being qualified electors request the following initiated law be placed on the ballot as provided by law.

SPONSORING COMMITTEE

The following are the names and addresses of the qualified electors of the state of North Dakota who, as the sponsoring committee for the petitioners, represent and act for the petitioners in accordance with law:

Eric. M. Thompson (Chairman) 701 110 th Ave NW Bismarck, ND 58503	Bernice Shreve 2119 10 th Ave W Dickinson, ND 58601	Larry L. Gauper 621 Hackberry Drive Fargo, ND 58104-6222
Cynthia Morse 1758 Hamburg Drive Bismarck, ND 58504	Tammy Ibach 1092 Westwood St Bismarck, ND 58504	Jeff Olson 1092 Westwood St Bismarck, ND 58504
Kim Christiansen 1707 Valle Moor Place Bismarck, ND 58501	Clarence F. Olson 4404 9 th Ave. Cir. S #202 Fargo, ND 58103-7017	RD Bain 3305 Montreal St. # 303 Bismarck, ND 58503
Dorothy F. Simon 912 E Owens Ave #2 Bismarck, ND 58501	Chad Hatzenbuehler 630 6 th Ave SE Mandan, ND 58554	Trent Neil Barkus 518 4 th St SE Jamestown, ND 58401
Ken Fetting 1763 Hamburg Dr Bismarck, ND 58504	Judith A Fetting 1763 Hamburg Dr. Bismarck, ND 58504	Brett Narloch 8414 Sage Dr. Bismarck, ND 58503
Debra K. Olson 4404 9 th Ave. Cir. S #202 Fargo, ND 58103-7017	Darwin Reinhardt 225 Sheila Dr. Beulah, ND 58523	Colette K. Schilling PO Box 1221 Beulah, ND 58523
Bernadette Houser 34 Burleigh Rd Wilton, ND 58579	Roger H. Nitschke 9393 58 th Ave SE Ashley, ND 58413	Jeff D Swanson 3586 Woodbury Park Drive Fargo, ND 58103
Betty Weigand 8270 4 th Ave SE Bismarck, ND 58501	Rob Port 1718 5 th St SW Minot, ND 58701	Debra J Kovash 1042 Westwood St Bismarck, ND 58504
Danny Weigand 8270 4 th Ave SE Bismarck, ND 58501		

PETITION TITLE

This initiated measure would amend section 43-15-35 of the North Dakota Century Code to remove the requirement that an applicant for a permit to operate a pharmacy must be a licensed pharmacist, a business controlled by licensed pharmacists, or a hospital pharmacy or postgraduate medical residency training program.

IF MATERIAL IS UNDERSCORED, IT IS NEW MATERIAL WHICH IS BEING ADDED. IF MATERIAL IS OVERSTRUCK BY DASHES, THE MATERIAL IS BEING DELETED. IF MATERIAL IS NOT UNDERSCORED OR OVERSTUCK, THE MATERIAL IS EXISTING LAW THAT IS NOT BEING CHANGED.

FULL TEXT OF THE MEASURE

BE IT ENACTED BY THE PEOPLE OF THE STATE OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-15-35 of the North Dakota Century Code is amended as follows:

43-15-35. Requirements for permit to operate pharmacy—~~Exceptions.~~

- ~~1.~~ The board shall issue a permit to operate a pharmacy, or a renewal permit, upon satisfactory proof of all of the following:
 - ~~a.1.~~ The pharmacy will be conducted in full compliance with existing laws and with the rules and regulations established by the board.
 - ~~b.2.~~ The equipment and facilities of the pharmacy are such that prescriptions can be filled accurately and properly, and United States pharmacopeia and national formulary preparations properly compounded and so that it may be operated and maintained in a manner that will not endanger public health and safety.
 - ~~c.3.~~ The pharmacy is equipped with proper pharmaceutical and sanitary appliances and kept in a clean, sanitary, and orderly manner.
 - ~~d.4.~~ The management of the pharmacy is under the personal charge of a pharmacist duly licensed under the laws of this state.
 - ~~e.5.~~ The applicant for such permit is qualified to conduct the pharmacy, ~~and is a licensed pharmacist in good standing or is a partnership, each active member of which is a licensed pharmacist in good standing; a corporation or an association, the majority stock in which is owned by licensed pharmacists in good standing; or a limited liability company, the majority membership interests in which is owned by licensed pharmacists in good standing, actively and regularly employed in and responsible for the management, supervision, and operation of such pharmacy.~~
 - ~~f.6.~~ Suitable reference sources either in book or electronic data form, are available in the pharmacy or on-line, which might include the United States pharmacopeia and national formulary, the United States pharmacopeia dispensing information, facts and comparisons, micro medex, the American society of health-system pharmacists formulary, or other suitable references pertinent to the practice carried on in the licensed pharmacy.
- ~~2.~~ The provisions of subdivision e of subsection 1 do not apply to:
 - ~~a.~~ The holder of a permit on July 1, 1963, if otherwise qualified to conduct the pharmacy, provided that any such permitholder that discontinues operations under such permit or fails to renew such permit upon expiration is not exempt from the provisions of subdivision e of subsection 1 as to the discontinued or lapsed permit.

- b. ~~A hospital pharmacy furnishing service only to patients in that hospital.~~
- c. ~~The applicant for a permit to operate a pharmacy which is a hospital, if the pharmacy for which the hospital seeks a permit to operate is a retail pharmacy that is the sole provider of pharmacy services in the community and is a retail pharmacy that was in existence before the hospital took over operations. A hospital operating a pharmacy under this subdivision may operate the pharmacy at any location in the community.~~
- d. ~~The applicant for a permit to operate a pharmacy which is the owner of a postgraduate medical residency training program if the pharmacy is collocated with and is run in direct conjunction with the postgraduate medical residency training program. For purposes of this subdivision, the postgraduate medical residency training program must be accredited by the accreditation council on graduate medical education or other national accrediting organization.~~

INSTRUCTIONS TO PETITION SIGNERS

You are being asked to sign a petition. You must be a qualified elector. This means you are eighteen years old, you have lived in North Dakota thirty days, and you are a United States citizen. All signers must add their complete residential address or rural route or general delivery address and the date of signing. Every qualified elector signing a petition must do so in the presence of the individual circulating the petition.

QUALIFIED ELECTORS

Month, Day, Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
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3.			
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8.			

Month/Day/Year	Name of Qualified Elector	Residential or Rural Route or General Delivery Address	City, State and Zip Code
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STATE OF NORTH DAKOTA

COUNTY OF _____

(County where signed)

ss.

I, (Name of Circulator) _____, being sworn, say that I am a qualified elector; that I reside at (Address of Circulator) _____; that each signature contained on the attached petition was executed in my presence; and that to the best of my knowledge and belief each individual whose signature appears on the attached petition is a qualified elector; and that each signature contained on the attached petition is the genuine signature of the individual whose name it purports to be.

(Signature of Circulator)

Subscribed and sworn to before me on (Date, Month, Year) _____, 20____, at
(City) _____, North Dakota.

(NOTARY SEAL / STAMP)

(Signature of Notary)

Notary Public

My commission expires: _____